# Employee Assistance Programs in Canada

AADAC
Policy and Program Analysis

Alberta Alcohol and Drug Abuse Commission
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# EMPLOYEE ASSISTANCE PROGRAMS IN CANADA

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## FORWARD

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## SUMMARY

At the invitation of the International Labour Office, the Alberta Alcohol and Drug Abuse Commission undertook a study of employee assistance programs in Canada. This study consisted of a review of the literature, and a survey of exemplary employee assistance programs currently in operation.

The results indicate that while there has been a general trend toward moderation in the use of alcohol and drugs, substance use in the Canadian workplace remains a significant concern. In response to this concern, many large organizations have implemented employee assistance programs, which are typically sponsored jointly by union and management. Smaller employers are less likely to offer such programs, mainly because of financial considerations. However, innovative techniques, such as a consortium approach, are increasingly being used by smaller firms.

Most companies indicate that the goals of their program include both the reduction and prevention of workplace problems. Supervisory and voluntary self-referrals are still common, but peers are being encouraged to become involved by encouraging co-workers to seek assistance. Many Canadian programs now utilize a "broad brush" approach where assistance is available for a variety of problems. The health and welfare of employees is reportedly the central concern of those offering the programs.

Many Canadian programs have EAP policies or procedures in place, although there is little formal legislation to govern the area. Programs are usually promoted through written correspondence given to the employee.

Confidentiality remains a central concern in the delivery of EAPs. Most Canadian EAPs include assessment and referral services, with many also offering counselling and rehabilitation. Reliance on outside agencies for specialized services continues to increase. Qualifications of program personnel vary considerably and little work has been done in the area of program evaluation.

Although many authorities concur that the costs of alcohol and drug abuse are significant to the workplace, precise data on this issue is unavailable. The costs associated with EAP programs are divided between the direct costs of the program, which include payment to the service provider, and the indirect costs, which include extended benefits.

A number of issues are of continuing concern to Canadian EAPs. Among these are questions of availability, quality control, drug testing, the role of peers, and the need for further government direction and initiative in the area.

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## 1. INTRODUCTION

The International Labour Office (ILO) recently initiated a study of exemplary alcohol and drug programs for workers in seven countries. At their invitation, the Alberta Alcohol and Drug Abuse Commission (AADAC) agreed to participate in the study by serving as country collaborator for Canada. To this end, AADAC has examined the literature pertaining to alcohol and drug use in the Canadian workplace, and related programs for workers. In addition, the collection of data from selected Canadian Employee Assistance Programs (EAPs) was coordinated through AADAC. The resulting information has been summarized and is provided in this report.

## 2. PURPOSE OF THE STUDY

Problems associated with the use of drugs and alcohol endanger the health, safety, lives and jobs of workers, their families, and their communities. Affecting productivity and safety, the abuse of drugs and alcohol has been increasingly recognized by employers, employees, and government officials as a serious threat in the workplace.

In its efforts to increase the understanding and effectiveness of programs designed to prevent and reduce workplace drug and alcohol problems, the ILO has carried out a study of workplace programs in seven countries in Europe and North America (Canada, Federal Republic of Germany, Netherlands, Norway, Sweden, United Kingdom, and the United States of America).

The long term objective of this project is to assist and support workers, their families, and their communities. The immediate objective is to improve the knowledge of governments, employers' and workers' organizations and managers of enterprises to formulate effective policies and to develop, design and manage drug and alcohol related prevention and assistance programs for workers.

As directed by the ILO, information gathered through two phases of data collection and existing literature was to address the following topics:

1. The nature, extent, and trends in alcohol and drug problems in the country, and to the extent known, in the workplace.

2. The sponsorship of programs.

3. Program structure, process and administration, including types of programs, staffing, services available, identification of cases and utilization.

4. Costs of programs.

5. Obstacles or barriers that have been overcome by programs, and adaptation to changing circumstances.

6. Legal and policy issues concerning workplace alcohol and drug use, as well as management and labour policies or strategies.

7. Assessment, evaluation, monitoring or review of programs.

8. Unique aspects or special features of specific programs.

9. Opinions and views concerning the problems faced by programs and how government, employers, and employees could improve programs.

The following discussion of employee assistance programs in Canada will address each of these areas in turn. First, a brief description of the information gathering process will be provided.

## 3. METHODOLOGY

Using criteria provided by the ILO, Canadian programs which offer a variety of approaches to prevention and reduction of alcohol and drug problems in the workplace were contacted. For purposes of the study, a program was defined as a systematic pattern of measures used to prevent or reduce drug and alcohol use, abuse, misuse or the problems associated with them.

Representatives from 12 Canadian programs were initially contacted for participation in the study, and were asked to complete a preliminary questionnaire. This Phase I questionnaire sought background information about the programs, and was used in part to determine which programs would be included in the second phase of the study. All but one of these program representatives expressed their willingness to participate further in the study. It was felt that information provided by each of the programs would be valuable in completing the Canadian portion of the project, and as such, all of those who agreed were again contacted to complete a more indepth questionnaire for Phase II of the study. Seven respondents returned completed Phase II questionnaires.

The information gathered through these two phases of data collection will be integrated in this report with other Canadian information that was obtained through a variety of methods, including literature searches, telephone contacts and informal discussions.

## 4. FINDINGS

### 4.1 Prevalence of Alcohol and Drug Problems

#### 4.1.1 Substance Abuse in Canada

In a recent international survey of 31 countries, Canada ranked eighteenth in per capita consumption of alcoholic beverages (Sparrow et al, 1989). In 1985-86, per capita consumption in Canada was estimated at 10.27 litres of absolute alcohol for those aged 15 years and over. This figure has decreased from 11.2 litres in 1981-82 (Statistics Canada, Cat. No. 63-202).

Survey results have shown a similar trend toward decreased alcohol consumption (Health and Welfare Canada, 1990). The percentage of Canadians who are current drinkers has decreased by four percentage points from 1979, to the 1989 level of 78%. The average drinker in 1985 reported consuming 5.1 drinks per week, compared with 3.7 drinks in 1989. Heavier consumption was reported by a small proportion of drinkers (6%) who consume 15 or more drinks in a week.

Alcohol related problems are also reported by a small proportion of Canadians. Twelve percent of drinkers have experienced physical problems related to drinking, 11% have experienced problems in their social life, 6% have had problems in their home life, 5% report that their financial position has been harmed, and 4% have had difficulty in their work life due to drinking.

With respect to drugs other than alcohol, 23% of Canadians report that they have used cannabis at some point in their lives, and 6.5% are current users (Health and Welfare Canada, 1990). Approximately one-half of current cannabis users use it less than once per month. Cocaine or crack has been used by 3.5% of Canadians, and 1.4% are current users. LSD, speed or heroin have been used by 4.1%, with less than one-half percent using the substances currently.

Perceptions of substance abuse in Canada were recently examined through a survey of chief executive officers of Canadian companies and government officials at the federal, provincial and municipal levels (William M. Mercer Limited, 1990). Overall, 86% of the 616 respondents view substance abuse as a serious or very serious problem. Almost three-quarters of respondents also believe that substance abuse has increased in Canada over the past five years.

In summary, with respect to alcohol use, trends are toward moderation. Fewer Canadians are drinking and those who are drinking are drinking less. The use of other drugs has remained relatively stable over the past four or five years.

Substance abuse problems nevertheless remain of concern to many Canadian organizations and government officials.

### 4.1.2 Substance Abuse in the Canadian Workplace

Less information is available concerning alcohol or drug related problems in the workplace. As described above, 4% of Canadians have experienced alcohol-related problems that have affected their work. The Health and Welfare Canada survey (1990) further revealed that at least 82% of individuals in the workforce had used alcohol in the year preceding the survey. Blue collar workers reported an average of 5.8 drinks per week, compared with 3.8 drinks for managerial/professional occupations, and 3.4 drinks per week for other white collar occupations. Twelve percent of blue collar workers reported consuming 15 or more drinks in the week preceding the survey, compared with 5% of those in white collar occupations.

With respect to use of drugs other than alcohol, 11.3% of respondents to the Health and Welfare Canada survey said they knew a co-worker with a drug problem. Men were much more likely to have known a co-worker with such a problem (15.4%) than were women (7.4%).

Further information concerning the extent of alcohol and other drug use in the workplace has been summarized in a recent report produced by the Royal Canadian Mounted Police (RCMP, 1988):

- A survey in 1984/85 by the Canadian Forces Medical Services found that nearly 4% of potential aircrew candidates tested positive for marihuana. A urinalysis survey in 1986 found 6% to test positive for the same drug.

- Estimates in the Ontario public and private sectors of the workforce classified between 2% and 3% of employees as being in a very high risk category with respect to alcoholism. Between 9% and 15% were classified in a moderately high risk category.

As reported by the Saskatchewan Alcohol and Drug Abuse Commission (SADAC, 1985) an estimated 70% of employed individuals drink, and 6% experience alcohol problems.

Information obtained through the survey of Canadian companies mentioned earlier (William M. Mercer Limited, 1990) suggests that the large majority of Canadian companies (92%) believe that substance abuse has a significant or very significant impact on the workplace. Further, about one-third of respondents reported that alcohol use, prescription drug use and illicit drug use were all of equal concern to their companies. Fifty percent of the sample identified alcohol abuse as their primary concern. According to the survey, the major areas that are affected by substance abuse include absenteeism (73%), employee health (68%) and productivity (67%).

A recent study of substance use in the Canadian transportation sector (Heffring Research Group, 1990) revealed that most occupational groups reported less than 5% of employees having a drink at work. However, this figure ranged from 0-19%, depending on the occupational group. Similarly, up to 20% of employees have come to work with symptoms of a hangover. Medications were used by an average of 10% of transportation employees while at work, and street drugs were used by an average of 1% of employees while at work. Considerable attention has recently been focused on the use of alcohol and drugs by employees in safety-sensitive positions. Further discussion of this issue will be provided in a subsequent section of this report.

Respondents to the ILO questionnaire were somewhat more divided in their perceptions of substance abuse problems in the workplace (see Table 1). While some indicated that the problem was not serious in their workplace, others suggested that it was moderately serious, and still others indicated that it was very serious. These differences may be a result of actual differences in the extent of the problem across the country, or within different organizations. The differences may also be due to different perceptions of the problem by the individuals providing the responses.

None of the seven respondents reported that a study had been conducted to assess the workplace problem before their program began. Similarly, many programs do not have current estimates concerning the extent of alcohol and drug problems. As such, it is difficult to ascertain whether such problems are increasing or decreasing in the workplace. At a more general level, within their communities, four of seven respondents indicated that the nature and extent of alcohol and drug problems had changed over the past three to five years. These changes included increases in cocaine and marijuana use and increased crime rates. Three of the respondents also indicated that similar changes were evident in the workplace. The sources of information used to assess such changes included self-reports (2), interviews (1), clinical or treatment records (2) and observation (1).

**TABLE 1**

**Extent of Alcohol and Drug Use in the Workplace: ILO Questionnaire Responses**

| | When Program Began (N=7) | Currently (N=4) |
|---|---|---|
| Not extensive/serious | 3 | 2 |
| Somewhat extensive/serious | 0 | 0 |
| Moderately extensive/serious | 2 | 2 |
| Extensive/serious | 1 | 0 |
| Very extensive/serious | 1 | 0 |

In summary, it is difficult to quantify the extent of alcohol or other drug use in the workplace since little numerical data is available. However, evidence indicates that significant numbers of workers use alcohol or drugs, and for a portion of these, substance use becomes a problem, affecting both the individual and the employer.

### 4.2 Sponsorship of Programs

Most unionized companies in Canada provide employee assistance programs that are jointly sponsored by labour and management. In both Ontario and Saskatchewan, almost two-thirds of organizations with unions have both union and management representation (MacDonald & Dooley, 1989a; SADAC, 1990), as do over half of federally regulated transportation companies (MacDonald & Dooley, 1989b). A recent survey of EAPs in the federally regulated private sector (Labor Canada, 1990) also revealed that most programs were

jointly administered by unions and management, or had informal union involvement. Of the program representatives that responded to the ILO questionnaire, the majority also fell into this category. None of the programs reported any changes in sponsorship during the past three to four years.

Some organizations have difficulty offering their own EAPs for a variety of reasons including the size of the company, widely scattered employees, or financial considerations. In such cases, a consortium approach is sometimes used, where a number of organizations contract together to utilize services provided by an external EAP. In August of 1990, the Ontario government announced an initiative to assist smaller companies in establishing EAPs. Among other things, funds were allocated to explore the feasibility of the consortium approach for companies who otherwise would be unable to provide EAP services.

Only one respondent to the ILO questionnaire reported using a consortium approach for their EAP. However, increasing numbers of external consultants who offer EAPs are being established in Canada.

Finally, some programs are completely union sponsored. The Canadian Labor Congress has developed a national policy to develop union counselling programs which provide training to union counsellors (Report of the Advisory Committee, 1990). One ILO respondent indicated a union sponsored program.

### 4.3 Program Structure and Process

#### 4.3.1 Program Goals

With respect to program goals, both prevention and reduction of workplace problems are typically cited. Five of the seven ILO questionnaire respondents indicated that both prevention and reduction were major reasons for starting their programs. The inclusion of prevention is relatively recent, since traditionally the focus has been on reducing workplace problems. Health promotion is also being more commonly included within employee assistance programs.

Many programs were initiated to address specific workplace problems, such as alcohol or drug abuse. Currently, however, the large majority of Canadian programs (over 90% in Ontario and Saskatchewan) utilize a "broad brush" approach, meaning that an employee can seek assistance for almost any type of problem. In fact, all seven of the programs in the ILO survey include alcohol, drug and other services in their EAPs. The types of services offered are summarized in Table 2. The most typical problems among EAP referrals, as reported by the ILO questionnaire respondents, reflect marital or family concerns, some of which are related to substance use or abuse. Other sources indicate that alcohol abuse is a primary concern (William M. Mercer Limited, 1990).

**TABLE 2**

**EAP Services: ILO Questionnaire Responses**

| | (N=7) |
|---|---|
| Counselling | 7 |
| Advice re: personnel/organization problems | 5 |
| Medical care | 5 |
| Legal services | 5 |
| Financial advice | 7 |
| Career help | 4 |
| Psychiatric services | 7 |

**TABLE 3**

**Major Concerns of EAPs: ILO Questionnaire Responses ***

| | (N=7) |
|---|---|
| Welfare of employees | 6 |
| Health | 5 |
| Safety | 3 |
| Productivity | 2 |
| Legal/illegal nature of use | 1 |

* Numbers are based on respondents indicating that they were "most concerned" with each of the five areas.

As shown in Table 3, the main concern of most programs is with the health and welfare of their employees. Safety and productivity are a major concern to fewer programs, and legal aspects of alcohol or drug use are a major concern to only one program.

4.3.2 Program Policies

Written policies and procedures are considered to be one key element of a successful EAP. Most programs have such documents which are intended to provide a clear understanding of the program in terms of the goals of the program, eligibility, referrals, program procedures, as well as roles and responsibilities of all those involved. According to all seven of the ILO questionnaire respondents, sponsors have communicated to employees the measures used to prevent and reduce alcohol and drug problems in the workplace. Similarly, five of the respondents indicated that the possible consequences of substance use in the workplace are made known to employees. Five of the programs also have specified the roles and responsibilities of supervisors concerning employee alcohol ar drug use.

Six of the seven respondents to the ILO questionnaire have some type of advisory body or steering committee which reviews and guides policy and program matters. According to ILO questionnaire respondents, such committees include representation from employees, unions and management (see Table 4). Program officials are less frequently included, and community representatives are rarely included.

**TABLE 4**

**EAP Advisory Group Representation:**
**ILO Questionnaire Responses**

| | (N=7) |
|---|---|
| Employees or workers | 5 |
| Union/association | 6 |
| Management | 6 |
| Program officials | 3 |
| Community | 1 |

4.3.3 Referrals

Employee assistance programs generally accept referrals from a number of different sources. One of these sources is supervisors and managers, who receive training through the EAP to assist them in the recognition of workplace problems, and the identification of employees who may benefit from an EAP. According to ILO questionnaire respondents, supervisors still refer clients to EAPs on a fairly regular basis (see Table 5). Referrals that are made by supervisors or management are generally considered to be formal referrals, and are sometimes mandatory. They often occur within the context of disciplinary action concerning job performance. Mandatory referrals are becoming less common, and are being eliminated by some programs (MacDonald et al, 1987). At the same time, however, it is agreed that protecting individuals from the consequences of their behavior, especially as it relates to

substance abuse, is inappropriate. In response to this concern, it has been suggested that a standard formal mechanism for job review be implemented to manage all work-related problems, and to provide the opportunity to obtain appropriate assistance as needed (Report of the Advisory Committee, 1990).

**TABLE 5**

**EAP Referral Sources: ILO Questionnaire Responses ***

| | (N=7) |
|---|---|
| Self-referral | 5 |
| Supervisor referral | 2 |
| Peer referral | 2 |
| Family referral | 1 |
| Personnel department | 1 |
| Management | 1 |
| Medical/health officials | 0 |

* Based on responses of "very frequent" referral sources.

Many programs receive most of their clients through a voluntary referral system. All programs in the federally regulated transportation sector report voluntary access to treatment (MacDonald & Dooley, 1989b) as do 93% of Ontario worksites (MacDonald & Dooley, 1989a) and 70% of Saskatchewan programs.

Within this voluntary system, employee initiated self-referrals are encouraged, with an emphasis on personal responsibility to use services which are available. ILO questionnaire respondents indicate that this is the most common source of referrals to their programs.

Voluntary referrals through recommendations from co-workers, union counsellors, or supervisors are also encouraged. The role of co-workers is becoming increasingly important within the referral system. Some programs provide training for EAP peer advisors, who become the primary referral contact. A peer-oriented system can be effective because co-workers are most likely to discover problems for a number of reasons (Ryan, 1987). First, the opportunity for discussion of problems exists since contact among co-workers is frequent if not constant. Second, information revealed in such conversations will not be used in performance appraisals or in any disciplinary context. Third, peers are most likely to notice problems in each other, and discuss finding assistance. Fourth, co-workers are generally perceived to be less threatening than supervisors or management.

The peer-oriented referral system is gaining popularity in the Canadian EAP scene as a potentially effective mechanism for encouraging troubled employees to seek early assistance for their problems. While some of the ILO questionnaire respondents report that peer referrals are very frequent, others receive such referrals only occasionally.

Finally, many programs allow family members to utilize their services. In fact, one well-established program which was jointly developed by management and unions in British Columbia has been renamed as an Employee and Family Assistance Program (Stimson, 1990). In addition to family members, this program serves retired employees as well. Similarly, in Saskatchewan, most programs extend benefits associated with the EAP to family members (SADAC, 1990), as do almost three-quarters of Ontario programs (MacDonald & Dooley, 1989a).

### 4.3.4 Utilization

Employee awareness of an assistance program is another element which is considered critical to the success of an EAP. In order for employees to utilize the service, they must first be aware of its existence, and second, know how to access the program. Active program promotion is needed to achieve such awareness.

The most commonly used mechanisms for program promotion include letters to employees (52%), posters (52%), and information sessions (53%) (MacDonald & Dooley, 1989a). Occasionally, supervisors are responsible for promoting programs to employees, and sometimes, knowledge of an EAP spreads more informally through word-of-mouth among employees.

The mere existence of written policies, procedures and program descriptions does not insure that a program will be utilized. A highly visible program increases the likelihood of referrals from all sources.

Estimates concerning the number of employees who actually utilize EAP services are scarce. ILO questionnaire respondents indicate that anywhere from under half of one percent to over 5% of eligible employees are referred to their programs (see Table 6). The total number of clients served ranged from 15 to 1800. Further discussion of this issue will be provided in the section describing program evaluation and monitoring.

**TABLE 6**

**Percentage of Eligible Employees Referred to EAPs: ILO Questionnaire Responses**

| | (N=7) |
|---|---|
| More than 5% | 3 |
| Between 2% and 5% | 2 |
| Between 1% and 2% | 0 |
| About 1% | 0 |
| Between half of 1% and 1% | 1 |
| Less than half of 1% | 1 |

4.3.5 Service Delivery Mechanisms

Service delivery for employee assistance programs is often related to the issue of confidentiality. Because confidentiality is critical to the success of an EAP, actual services are often located separately from the worksite. Programs located within personnel units, for example, are becoming less common for this reason.

With respect to the elements that are included in EAPs, assessment and referral are two components included in most programs. The vast majority of EAPs also include counselling, treatment and rehabilitation services. The types of services that are much less frequently provided are in the areas of job training and skill development. It appears that the focus is mainly on personal, rather than professional, development. Interestingly, many ILO questionnaire respondents indicated that both health promotion and prevention are included among the services provided by their programs (see Table 7).

While assessments and referrals are often provided in-house, many programs rely at least in part on outside agencies for the counselling/treatment component of their EAP. In Ontario, for example, over 90% of organizations use outside resources for treatment, and approximately three-quarters utilize public service community agencies (MacDonald & Dooley, 1989a). The types of services that are most frequently provided by these agencies include both in-patient and out-patient treatment, medical services, psychological testing, counselling, rehabilitation and aftercare. Most agencies treat EAP referrals as they would any other client, although some have developed specific EAP services.

In addition to existing community and other agencies, increasing numbers of private service providers are being established. The scope and range of services provided by private organizations depend upon what an organization is willing to purchase.

**TABLE 7**

**Program Elements: ILO Questionnaire Responses ***

| | (N=7) |
|---|---|
| Referral | 7 |
| Rehabilitation/aftercare | 6 |
| Identification and case assistance | 5 |
| Treatment | 5 |
| Health promotion | 5 |
| Prevention/information/education | 5 |
| Counseling | 5 |

* Program elements mentioned by at least 5 respondents.

4.3.6 Staffing of Programs

Based on responses to the ILO questionnaire, the total number of paid staff for any given program ranges from two to forty-five, most of whom are full-time and professional. In general, however, there are no specific requirements concerning qualifications for EAP personnel, and rarely do policy statements include any mention of staff credentials. In Saskatchewan, for example, 22 of 30 policies reviewed made no mention of staff qualifications, and only one organization provided information about the credentials and professional experience of a program coordinator (SADAC, 1990).

### 4.4 Program Costs

Little information concerning the costs of alcohol and other drug use to industry is available. The following estimates, however, have been made:

* The cost of substance abuse by employees in Ontario companies is estimated to be more than $1 billion annually (RCMP, 1988).

* In Saskatchewan, alcohol use and related problems result in a cost to industry in excess of $300 million annually (SADAC, 1985).

* Costs of substance abuse to organizations were estimated at less than 1% of payroll by 30% of Canadian companies surveyed (William M. Mercer Limited, 1990). Thirty-seven percent estimated these costs to be between 1% and 5% of payroll. A small proportion (12%) reported the cost to be higher than 5%.

According to six of seven ILO questionnaire respondents, absenteeism occurs more frequently among alcohol or drug users than among other employees. Alcohol or drug users also create problems for supervisors more often than non-users according to four respondents, and utilize health benefits more excessively according to two respondents. Accidents, injuries and legal problems were each reported as more common among users than non-users by one respondent. Overall, four respondents feel that users cost their organization significantly more than non-users, two suggest the cost is somewhat more and one reports a negligible difference. There are no studies available from ILO respondents to support these estimates.

Payment for EAP services can be broadly classified as either direct or indirect (Report of the Advisory Committee, 1990). Direct payment includes company payment to a service provider, user fees where employees pay for a service, and costs covered by a union or by management. Indirect payment includes services that are covered by health care insurance, extended health benefits, services covered by government or voluntary services.

Most programs define the costs that are covered by the organization and those that are the responsibility of the employee within their policy statements. Typically, the costs that are covered by the organization include the initial assessment and referral service. Employees may be responsible for coverage of more specialized services, although many of these are covered through indirect payment as described above.

Most ILO questionnaire respondents (5) indicated that they were funded privately (see Table 8). One program was publicly funded, and one was funded by a combination of private and public funds.

**TABLE 8**

**Private Funding Sources: ILO Questionnaire Responses**

| | (N=5) |
|---|---|
| General insurance | 3 |
| Alcohol/drug insurance | 2 |
| Client payment | 2 |
| Company contributions | 2 |
| Employees fund | 1 |

One measure sometimes used to contain costs is "capping services" (Report of the Advisory Committee, 1990). Within this approach, an employee is allowed only a certain number of referrals, assessments or treatment sessions, after which time she/he must arrange to pay for services directly, or continue with services that are covered through indirect payment. Because many EAP services are not universally provided for, some concern exists about accessibility being limited by ability to pay, both at the individual and company levels

(Report of the Advisory Committee, 1990). ILO questionnaire respondents, however, indicate that program costs are not a major factor in determining how their programs operate. They do report a number of strategies for containing costs, including use of external treatment providers, selecting lower cost service alternatives, and cost-sharing with sponsors.

### 4.5 Program Obstacles and Barriers

According to ILO questionnaire respondents, the types of problems they have encountered include obtaining funding, maintaining confidentiality, apathy from unions and management, lack of referrals and keeping good staff. Specific details concerning how various programs dealt with these obstacles were lacking. In general, however, respondents felt that their programs were ultimately strengthened when these obstacles were overcome.

A number of impediments to the development and utilization of EAPs were described in a Task Force Report on Alcohol and Drug Abuse in the Workplace in British Columbia (Ryan et al, 1987). Some of these include:

* Availability: EAPs are available only to a minority of the workforce, primarily in large, unionized organizations. Employees in medium size firms rarely have access to EAPs and those in smaller companies have virtually no access to such services.

* Quality Control: There is a pressing need to provide a mechanism for standardizing and ensuring quality in employee assistance. This includes emphasis on the importance of certification programs for EAP practitioners, and specification of bench mark qualifications.

* Multiple Worksites: Multi-branch organizations often have difficulty in providing EAP services to all of their employees. Distances may preclude intervention during crisis situations. One solution involves the use of private EAP services, although the costs involved pose another barrier.

* Treatment Resources: Lack of appropriate treatment services, or delay in obtaining treatment poses a barrier for some programs. To address this issue, interim counselling may be offered by some EAPs which would otherwise refer to outside agencies.

* Scope of Problem: Although many programs now use a "broad brush" approach, others still offer services only for certain types of problems. Even in those programs that cover a wide range of problems, the expertise of EAP practitioners may be limited to certain areas, limiting the overall scope of the program.

* On Site Facilities: As discussed earlier, on site facilities may compromise confidentiality, or as importantly, employees' perceptions of confidentiality. As described by some ILO questionnaire respondents, under the best circumstances it is difficult to convince employees that their attendance at an EAP and the reason for that attendance remains confidential. One step toward a solution to this problem involves off site EAP locations.

* Educational and Promotional Materials: The availability of good EAP materials may vary depending on the size and budget of an organization. There is a need for multi-purpose materials that can be made easily available.

* Developmental Cost: The initial investment needed to establish an EAP poses a major obstacle for many organizations. As well, funds needed to maintain existing EAPs were identified as a problem for several of the ILO questionnaire respondents.

## 4.6 Legal and Policy Issues

### 4.6.1 Legislation and Policies

There is presently no legislation that requires employers to provide EAP services to their employees. The report of a working group on employee assistance programs in the federally regulated private sector (Labour Canada, 1990), has outlined three options concerning the requirement of EAPs in federally regulated establishments. The first option, which was countered with a variety of concerns, suggests no government initiatives in the area of EAPs. The second option, which received considerable support, recommends that government show strong support for EAPs mainly in the form of financial assistance. The third option proposed a mandatory requirement for EAPs. One version of this option would require mandatory EAPs by employers with a workforce exceeding a certain size, while a second version would add legislation prescribing the form, nature and content of EAPs for all major federally regulated establishments. The option of mandatory EAPs received minimal support.

In March of 1990, Transport Canada outlined a **Strategy on Substance Use in Safety-sensitive Positions in Canadian Transportation** (Transport Canada, 1990a). According to this strategy, the government's intention was to:

* provide or amend regulations to prohibit workplace-related use of, or workplace influence or impairment by drugs or alcohol in all safety-sensitive transportation positions,

* require employers to provide substance use education programs for employees in safety-sensitive transportation positions,

* require that all transportation employees in safety-sensitive jobs have access to an employee assistance program,

* apply a definition of "safety-sensitive positions" through all relevant regulations governing the federal transportation sector,

* apply means of identifying prohibited substance use through mandatory substance use identification programs for management and supervisory personnel,

* develop legislation to require substance testing of transportation employees in safety-sensitive positions after an accident, as part of a required medical examination, before employment begins, "for cause", and under a program having a random element in the workplace.

In November of 1990, this proposed strategy was amended, eliminating the random substance testing element (Transport Canada, 1990b). The focus of the strategy remains on prevention, education and rehabilitation.

When ILO questionnaire respondents were asked about provision of law or formal regulations which affected their programs, most indicated that there were few such regulations, with the exception of those pertaining to confidentiality of client information. Similarly, responses indicated that there were no provisions of law or national policy which either facilitated or hindered the development or operation of their program.

With respect to management policies concerning the use or abuse of drugs or alcohol for employees, half of the respondents indicated that such policies existed in written form, and the rest reported the existence of more informal policies. The policies pertained only to the workplace, as opposed to the community or the home.

### 4.6.2 Drug Testing

Drug testing is currently a controversial issue in Canada. Its use by employers is limited, although it is used to some extent by the transportation industry, and by some U.S. based companies with branch plants in Canada (Health and Welfare Canada, 1988). Only one ILO questionnaire respondent indicated that drug testing had been used for a short period before being terminated.

In addition to describing the background to the drug testing controversy in Canada, Robinson (1989) summarizes the current situation as follows:

* There is no legal prohibition to employee drug testing, although there have been calls to prohibit drug testing procedures.

* Drug testing is generally regarded as an invasion of privacy, and the social climate is against random use of drug testing.

* The Canadian Charter of Rights and Freedoms protects against "search and seizure" but has not been tested in relation to drug testing.

* Human Rights issues are often raised in discussing drug testing issues.

* Objectives of testing remain unclear, procedures remain a problem, and interpretation is of concern.

* Concern for public safety or the safety of co-workers evokes some support for drug testing in certain situations.

* Emphasis continues to be placed on alternative measures to deal with substance use and abuse, including facilitating access to EAPs.

As described earlier, an initial proposal for random drug testing among transportation workers in safety-sensitive positions was recently replaced by proposed legislation which will include educating employees about the effects of drug and alcohol use on job performance, and establishing rehabilitation programs for those with problems. If passed, the legislation will include provisions for employee assistance programs as well as testing after accidents, pre-employment testing, and follow-up testing for employees who have previously tested positive.

### 4.7 Assessment and Evaluation

There are presently no criteria established for program quality, and information concerning the effectiveness of various program designs and approaches is virtually non-existent. Although it is generally acknowledged that the issues of program monitoring and evaluation should be addressed, a number of concerns about collecting such information have also been raised (Health and Welfare Canada, 1988). Both management and labour indicate that there is some resistance to collecting data that may reveal a problem with alcohol or drugs in an organization. Another concern was with the motives of EAPs and evaluating programs. Specifically, measuring the impact of an EAP may suggest that it exists for the benefit of the company, rather than for concern with the employee. There is also concern with information being used against employees.

Many ILO questionnaire respondents indicated that reviews were conducted to assess the program's progress, most of which were conducted by program staff or the program's advisory group. However, none of the respondents indicated that an assessment or evaluation of their program had been conducted. A number of measures were cited to indicate the positive benefits of the program, including utilization rates, accident frequency rates, job performance, individual case follow-up and satisfaction of employees who have attended the EAP.

### 4.8 Special Features of Programs

ILO questionnaire respondents identified several special features, or significant components of their programs. One such feature, which was considered to be critical to the success of an EAP, was joint union labour involvement. In particular, Stimson and Menard (1990) state that "a major contributing factor to the development, operation, and utilization of an effective Employee and Family Assistance Program (EFAP) is the degree to which labour and management have mutually pursued program objectives" (p.1). It is recommended that programs be jointly developed, implemented and administered by labour and management. The process by which this is accomplished involves a number of steps, all of which are performed jointly by labour and management. These steps include initial information gathering about EAPs, establishing one committee to oversee the development of program objectives and another to perform ongoing administrative functions, training program representatives and workplace supervisors, and promoting the program among employees and their families.

With respect to families, some programs reported that extending services to family members of employees was an important component of their EAP. It was pointed out that family life was typically affected negatively in a variety of ways long before problems became evident on the job. Outreach to families was therefore considered to be a significant EAP element. As was mentioned earlier, one program was renamed as an Employee and Family Assistance Program (Stimson, 1990).

Another program feature which was considered to be particularly important was that of confidentiality. While there was general agreement that confidentiality was critical to the success of an EAP, some programs reported experiencing some difficulty in achieving this goal. Others, however, indicated that confidentiality was a strength of their program.

Some programs were particularly concerned with specific sub-groups of employees. For example, providing assistance to workers in off-site locations, or those who work shifts, was a unique component identified by some programs. In one case, a union described their EAP as the only constant factor offering support and assistance to a highly transient employee group. Another EAP was especially concerned with providing specialized services for women, who comprised the majority of their employees.

Finally, the breadth of services offered by many EAPs was identified as a significant program feature. Either through referral to outside agencies, or through highly trained professional EAP staff, employees were felt to be receiving specialized and appropriate services for a wide range of problems and concerns. This breadth of service was believed to positively impact not only job performance, but the health and welfare of employees as well.

### 4.9 Opinions and Outlook for the Future

The following issues, which were presented earlier in this report, are highlighted here as especially relevant to the future of employee assistance programs in Canada.

- The role of EAPs in the areas of prevention and health promotion continues to increase. Although this is generally perceived as a positive trend, some concern has been expressed that the expertise of existing EAPs in handling certain types of problems will decrease as their focus broadens (Report of the Advisory Committee, 1990).

- Increasing emphasis will be placed on the importance of program evaluation and other research addressing the effectiveness of EAPs, and the nature and extent of substance abuse in the workplace. The cooperation of labour and management, program staff, and advisory committees will be needed in order to insure that useful information is systematically collected, and that confidentiality of client records is upheld.

- The drug testing issue will continue to receive considerable attention in the future. ILO questionnaire respondents identified this as one of the areas most in need of further study. Of particular importance are the objectives of such testing, problems associated with procedures, and interpretation of results.

- Government initiatives concerning workplace substance use may require that education and assistance programs be available in organizations of certain sizes. As well, assistance to smaller businesses in accessing or establishing EAPs may be forthcoming.

- Additional expertise among EAP practitioners will be necessary for the identification and treatment of problems associated with illicit drug use. As indicated by ILO questionnaire respondents, illicit drug use within the workforce appears to be on the increase.

- The role of peers, especially in referrals, will continue to grow. As discussed earlier, peers are currently an underutilized, yet potentially effective referral contact for EAPs. Peer training components will potentially be introduced into many programs.

- The broad brush approach currently utilized by many programs will continue to reflect a concern with the emotional and physical well-being of employees.

- Involvement of community agencies in dealing with workplace substance use problems will increase for a number of reasons, including limited funds, and the variety of expertise that is needed to address presenting problems within the broad brush approach currently utilized.

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